

**RADIATION SHIELD PLAN CHECK  
FEES  
FY02-03 THROUGH FY05-06**

ACTIVITY CODE	ACTIVITY DESCRIPTION	FY01-02 CURRENT FEE	FY02-03 ADOPTED FEE	FY03-04 ADOPTED FEE	FY04-05 ADOPTED FEE	FY05-06 ADOPTED FEE
<b>RADIATION PLAN CHECK</b>						
429L01	MEDICAL X-RAY PLAN CHECK: 1 ROOM	50	65	65	70	75
VARIOUS	MEDICAL X-RAY PLAN CHECK: ADDITIONAL PER ROOM OVER 1	25	30	35	35	35
VARIOUS	MEDICAL X-RAY PLAN CHECK: ON-SITE CONSTRUCTION INSPECTION	50	65	65	70	75
429L08	DENTAL X-RAY PLAN CHECK: 1 ROOM	45	60	60	65	70
VARIOUS	DENTAL X-RAY PLAN CHECK: ADDITIONAL PER ROOM OVER 1	10	15	15	20	20
VARIOUS	DENTAL X-RAY PLAN CHECK: ON-SITE CONSTRUCTION INSPECTION	25	30	35	35	35
429L14	INDUSTRIAL X-RAY PLAN CHECK: 1 ROOM	150	190	200	210	220
429L14	INDUSTRIAL X-RAY PLAN CHECK: ADDITIONAL PER ROOM OVER 1	75	95	100	105	110
429L14	INDUSTRIAL X-RAY PLAN CHECK: ON SITE CONSTRUCTION INSPECTION	75	95	100	105	110